Form 2001-D Rev. 04/01

Commonwealth of Kentucky
Kentucky State Board for Proprietary Education
PO Box 1360
Frankfort, Kentucky 40602
502/564-3296, ext. 239

# APPLICATION FOR PERMIT TO ACT AS AN AGENT UNDER CHAPTER 165 KENTUCKY REVISED STATUTES

### Section I

I hereby make application Commonwealth of Kentuck		I permit to a	ct as a Proprie	tary School Ag	jent in the
Mr./Mrs./Miss/Ms					
Home Address:					
Street	• • • • • • • • • • • • • • • • • •		State		
		CTION II			
Birthplace:	Birthdate:	SS	N:	Ht	Wt
1. Have you been a licens If yes, indicate name a	and location of school:				
5. Are you currently emp	smissed from any position rested, indicted or convices. No. 1, 2, 3, or 4 above is Yes.	n for immora ted of violati explain the pation?	or unprofession of the law (circumstances Yes No	onal conduct? excluding min fully on an at	Yes No or traffic tached sheet.
	SE	CTION III	• • • • • • • • • •	•••••	••••••
Name of school you will re					
Address: Street Name of immediate super	City		State	Zip	Phone
Mailing Address:					
Street	City		State	Zip	Phone
I certify that I will abide by Proprietary Education, pur true and correct to the best	y the rules, regulations, a suant to KRS 165. I furth	ner certify th	•	,	•
Signature of Applicant:		(over)	D	ate:	

#### SECTION V-CERTIFICATES OF CHARACTER

(To be completed by responsible persons other than relatives or co-workers)

I certify that I am personally acquainted with my knowledge and belief, he/she is of good moral to be licensed as a Proprietary School Agent in the	character, I therefore recor	mmend him/her as being worthy		
Name: Profession:				
Address:				
I certify that I am personally acquainted with my knowledge and belief, he/she is of good moral to be licensed as a Proprietary School Agent in the	character, I therefore recor	mmend him/her as being worthy		
Name:				
Address:				
SECTION VI-S	CHOOL CERTIFICATION			
1. This agent is covered by a \$5,000 (Five Thous	and Dollar) surety bond as i	ndicated by: (mark one)		
Form 2001-D, Proprietary School Agent's Continuation Certificate #	of the			
Insurance Company, dated	and expiring	·		
2. I further certify that				
		(Name of School)		
(Date)	 (Signature)	(Title)		

## **INSTRUCTIONS TO AGENTS:**

- 1. This application should be typed or printed legibly and completed in its entirety.
- 2. A recent passport-type photo, no larger than 2"x2", must be submitted with the application.

### INSTRUCTIONS TO CHIEF SCHOOL ADMINISTRATOR:

- 1. Complete Section VI on all applicants.
- 2. Include the permit fee of \$150 by check or money order made payable to the **Kentucky State Treasurer**. **DO NOT SEND CASH**.
  - 3. Submit this application, surety bond, application fee, & photograph to the Board office at: PO Box 1360, Frankfort, Kentucky 40602, or 911 Leawood Drive, Frankfort, KY 40601.